

QUARTERLY INTERVENTION REPORT



Revised 8/4/01

Agency Name: _____

Dates covered: _____

Grant Program: (check only one)
☐ AIDS Service Organizations
☐ AIDS Services and Education
☐ Community Collaboration
☐ High Risk Youth and Adults
☐ Prevention Case Management

☐ Faith Initiative
☐ Minority Projects
☐ MSM HIV Prevention

Agency type: (check one only)

☐ CBO – Minority Board
☐ CBO – Non-Minority Board
☐ State Health Department
☐ Faith Community
☐ Local Health Department
☐ Other Government
☐ Academic Institution
☐ Research Center
☐ Individual
☐ Other (_____)

INTERVENTION(S) THAT YOU HAVE CONDUCTED THIS QUARTER UNDER THE ABOVE GRANT	CHECK IF YOU IMPLEMENTED	HOW MANY OF EACH TYPE OF INTERVENTION DID YOU IMPLEMENT? (indicate # and complete same # of worksheets.)
Counseling and Testing		
Counseling and Testing	<input type="checkbox"/>	
Referral	<input type="checkbox"/>	
Partner Counseling and Referral services	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	
Individual Level Intervention (ILI)		
Individual Level Intervention (ILI)	<input type="checkbox"/>	
Group Level Intervention (GLI)	<input type="checkbox"/>	
Community Level Intervention	<input type="checkbox"/>	
Prevention Case Management	<input type="checkbox"/>	
Basic Street/Community Outreach		
Basic Street/Community Outreach	<input type="checkbox"/>	
Intensive Street/Community Outreach	<input type="checkbox"/>	
Facilitative Street/Community Outreach	<input type="checkbox"/>	
Collaborative Street/Community Outreach	<input type="checkbox"/>	
Presentations/Lectures		
(ONLY LIST NUMBER OF TYPES/SERIES – NOT INDIVIDUAL SESSIONS)	<input type="checkbox"/>	
Health/Community Fairs	<input type="checkbox"/>	
Social Marketing	<input type="checkbox"/>	
Mass Media	<input type="checkbox"/>	
Hotlines	<input type="checkbox"/>	
Clearinghouse	<input type="checkbox"/>	

QUARTERLY INTERVENTION REPORT:

Health Education/Risk Reduction

revised 8/4/01



Agency Name: _____ Intervention Name: _____

Type of Intervention: ☐ Individual Level Intervention ☐ Group Level Intervention ☐ Community Level Intervention ☐ Prevention Case Management
 Target Population for this Intervention (From Workplan): _____ Process Objective for this Intervention (number): _____

Setting	Contact Information	Number of Participants	Evaluation Information														
Check all the settings where this intervention was held during the quarter: <input type="checkbox"/> Medical <input type="checkbox"/> Health department / clinic <input type="checkbox"/> Workplace <input type="checkbox"/> School <input type="checkbox"/> Street <input type="checkbox"/> Bars <input type="checkbox"/> Community Center <input type="checkbox"/> Church/faitn community <input type="checkbox"/> Home <input type="checkbox"/> Shelter <input type="checkbox"/> Drug treatment <input type="checkbox"/> Correctional <input type="checkbox"/> Other: _____	Total number of participants for this quarter: _____ What was the average number of sessions attended by each participant? _____ How many times was this intervention conducted during the quarter? _____ times or <input type="checkbox"/> Ongoing Indicate number of clients in each of the following categories: _____ HIV Positive _____ HIV Negative High Risk _____ Unknown Serostatus	<u>Number that Had the following Risk Behaviors:</u> _____ MSM _____ IDU _____ MSM/IDU _____ Heterosexual Contact _____ Pregnant women (with or at risk of HIV) _____ Unknown / no specific risk assessed <u>Number from each of the following Populations:</u> _____ Racial/ethnic minorities _____ Men who have sex with men _____ Women _____ Youth _____ PWH/As _____ Homeless _____ Sex Workers _____ Mentally Dysfunctional _____ Inmates _____ Unknown/no specific populations	Were participant evaluation forms collected for this intervention? <input type="checkbox"/> Yes, for all <input type="checkbox"/> Yes, for some <input type="checkbox"/> No If collected, the number of participants from whom evaluation forms were obtained: _____ Were risk assessment forms collected for this intervention? <input type="checkbox"/> Yes, for all <input type="checkbox"/> Yes, for some <input type="checkbox"/> No														
NUMBER OF CLIENTS SERVED IN EACH CATEGORY:																	
	≤ 19 years old				20 – 29 years old				30 + years old				Age Data Not Available				TOTAL
	Male	Female	Trans-gender	Un-known	Male	Female	Trans-gender	Un-known	Male	Female	Trans-gender	Un-known	Male	Female	Trans-gender	Un-known	
American Indian or Alaskan Native																	
Asian																	
Black or African-American																	
Native Hawaiian/Other Pacific Isl.																	
White																	
More than One Race																	
Race Unknown																	
TOTAL RACE																	
Hispanic/Latino(a)																	
Non-Hispanic																	
Ethnicity Unknown																	
TOTAL ETHNICITY																	

* The minimum data required for this report are the totals contained in the shaded boxes at the far right end of the table above. Completing other cells is optional but encouraged.



QUARTERLY INTERVENTION REPORT OUTREACH

Dates covered: _____

Agency Name: _____

Intervention Name: _____

Type of Intervention: ☐ Basic Street Outreach ☐ Intensive Street Outreach ☐ Facilitative Street Outreach ☐ Collaborative Street Outreach

Target Population for this Intervention (From Workplan): _____ Process Objective for this Intervention (number): _____

Setting	Contact Information	Number of Participants	Evaluation Information														
Check all the settings where this intervention was held during the quarter: <input type="checkbox"/> Medical <input type="checkbox"/> Health department / clinic <input type="checkbox"/> Workplace <input type="checkbox"/> School <input type="checkbox"/> Street <input type="checkbox"/> Bars <input type="checkbox"/> Community Center <input type="checkbox"/> Church/faitn community <input type="checkbox"/> Home <input type="checkbox"/> Shelter <input type="checkbox"/> Drug treatment <input type="checkbox"/> Correctional <input type="checkbox"/> Other: _____	Total number of participants for this quarter: _____ What was the average number of sessions attended by each participant? _____ How many times was this intervention conducted during the quarter? _____ times or <input type="checkbox"/> Ongoing Please indicate the number of each of the following distributed this quarter: _____ Safer Sex Kits _____ Promotional Items _____ Bleach/safer injection kits _____ Brochures/information Indicate number of clients in each of the following categories: _____ HIV Positive _____ HIV Negative High Risk _____ Unknown Serostatus	<u>Number that Had the following Risk Behaviors:</u> _____ MSM _____ IDU _____ MSM/IDU _____ Heterosexual Contact _____ Pregnant women (with or at risk of HIV) _____ Unknown / no specific risk assessed <u>Number from each of the following Populations:</u> _____ Racial/ethnic minorities _____ Men who have sex with men _____ Women _____ Youth _____ PWH/As _____ Homeless _____ Sex Workers _____ Mentally Dysfunctional _____ Inmates _____ Unknown/no specific populations	Were participant evaluation forms collected for this intervention? <input type="checkbox"/> Yes, for all <input type="checkbox"/> Yes, for some <input type="checkbox"/> No If collected, the number of participants from whom evaluation forms were obtained: _____ Were risk assessment forms collected for this intervention? <input type="checkbox"/> Yes, for all <input type="checkbox"/> Yes, for some <input type="checkbox"/> No														
NUMBER OF CLIENTS SERVED IN EACH CATEGORY:																	
	≤ 19 years old				20 – 29 years old				30 + years old				Age Data Not Available				
	Male	Female	Trans-gender	Un-known	Male	Female	Trans-gender	Un-known	Male	Female	Trans-gender	Un-known	Male	Female	Trans-gender	Un-known	TOTAL
American Indian or Alaskan Native																	
Asian																	
Black or African-American																	
Native Hawaiian/Other Pacific Isl.																	
White																	
More than One Race																	
Race Unknown																	
TOTAL RACE																	
Hispanic/Latino(a)																	
Non-Hispanic																	
Ethnicity Unknown																	
TOTAL ETHNICITY																	

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**QUARTERLY INTERVENTION REPORT:
Health Communication/Public Information**

Dates covered: _____

Agency Name: _____

Intervention Name: _____

Type of Intervention: ☐ Presentations/Lectures☐ Health/Community Fairs☐ Social Marketing☐ Mass Media☐ Hotlines☐ Clearinghouse

Target Population for this Intervention (From Workplan): _____

Process Objective for this Intervention (number): _____

Contact Information	Method(s) Employed	Number of Participants:	Evaluation Information														
Total number of: _____ participants OR _____ hotline calls How many times was this intervention conducted during the quarter? _____ times <input type="checkbox"/> Ongoing <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable to intervention	Intervention utilized: <input type="checkbox"/> Electronic media, number of times aired _____ <input type="checkbox"/> Print media, number of distinct materials distributed _____ <input type="checkbox"/> Clearinghouse <input type="checkbox"/> Presentation/Lectures, number of times given _____ <input type="checkbox"/> Hotline <input type="checkbox"/> Other _____ Collaborating Partners (# of) ____ Individuals ____ Businesses ____ Agencies/organizations ____ Media Outlets	<u>Number that had the following Risk Behaviors:</u> _____ MSM _____ IDU _____ MSM/IDU _____ Heterosexual Contact _____ Pregnant women (with or at risk of HIV) _____ Unknown / no specific risk assessed <u>Number from the following Populations:</u> _____ Racial/ethnic minorities _____ Men who have sex with men _____ Women _____ Youth _____ PWH/As _____ Homeless _____ Sex Workers _____ Mentally Dysfunctional _____ Inmates _____ Unknown/no specific populations	Were participant evaluation forms collected for this intervention? <input type="checkbox"/> Yes, for all <input type="checkbox"/> Yes, for some <input type="checkbox"/> No If collected, the number of participants from whom evaluation forms were obtained: _____														
NUMBER OF CLIENTS SERVED IN EACH CATEGORY:																	
	≤ 19 years old				20 – 29 years old				30 + years old				Age Data Not Available				TOTAL
	Male	Female	Trans-gender	Un-known	Male	Female	Trans-gender	Un-known	Male	Female	Trans-gender	Un-known	Male	Female	Trans-gender	Un-known	
American Indian or Alaskan Native																	
Asian																	
Black or African-American																	
Native Hawaiian/Other Pacific Isl.																	
White																	
More than One Race																	
Race Unknown																	
TOTAL RACE																	
Hispanic/Latino(a)																	
Non-Hispanic																	
Ethnicity Unknown																	
TOTAL ETHNICITY																	

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QUARTERLY INTERVENTION REPORT: Counseling and Testing

Dates covered: _____

Agency Name: _____ Intervention Name: _____

 Type of Intervention: ☐ Counseling and Testing ☐ Referral ☐ Partner Counseling and Referral Services ☐ Other, please specify _____

Target Population for this Intervention (From Workplan): _____ Process Objective for this Intervention (number): _____

Contact Information	Testing Information	Setting	Number of Participants:
Total number of participants for this quarter: _____	If Testing, how many participants had: _____ Blood test _____ Alternate (Orasure)	Check the settings where this intervention was held during the quarter: <input type="checkbox"/> Medical <input type="checkbox"/> STD clinic <input type="checkbox"/> Workplace <input type="checkbox"/> School <input type="checkbox"/> Street <input type="checkbox"/> Bars <input type="checkbox"/> Community Center <input type="checkbox"/> Church/faiht <input type="checkbox"/> Home <input type="checkbox"/> Shelter <input type="checkbox"/> Drug treatment <input type="checkbox"/> Correctional <input type="checkbox"/> Other: _____	<u>Number that had the following Risk Behaviors:</u> _____ MSM _____ IDU _____ MSM/IDU _____ Heterosexual Contact _____ Pregnant women (with or at risk of HIV) _____ Unknown / no specific risk assessed <u>Number from the following Populations:</u> _____ Racial/ethnic minorities _____ Men who have sex with men _____ Women _____ Youth _____ PWH/As _____ Homeless _____ Sex Workers _____ Mentally Dysfunctional _____ Inmates _____ Unknown/no specific populations
Number of participants: _____ HIV-infected _____ Pre-test counseled _____ Tested _____ Post-test counseled	How many first time tested? _____		

NUMBER OF CLIENTS SERVED IN EACH CATEGORY:																	
	≤ 19 years old				20 – 29 years old				30 + years old				Age Data Not Available				TOTAL
	Male	Female	Trans-gender	Un-known	Male	Female	Trans-gender	Un-known	Male	Female	Trans-gender	Un-known	Male	Female	Trans-gender	Un-known	
American Indian or Alaskan Native																	
Asian																	
Black or African-American																	
Native Hawaiian/Other Pacific Isl.																	
White																	
More than One Race																	
Race Unknown																	
TOTAL RACE																	
Hispanic/Latino(a)																	
Non-Hispanic																	
Ethnicity Unknown																	
TOTAL ETHNICITY																	

★The minimum data required for this report are the totals contained in the shaded boxes at the far right end of the table above. Completing other cells is optional but encouraged.